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16W A

PETITION FO	Docket No. WAT0119					
In Re Application (Of: Garry lan Hollow	ау				
Application No.	Filing Date June 18, 2001	Examiner		Customer No.	Group Art Unit	Confirmation
·	EM AND METHOD O	F GEM EVALUA	TION			<u> </u>
of October 20, 20	nder the provisions of 3		o extend th		ng a response to	the Office Act
The requested exte	ension is as follows (ch	· -	esired): ee months	Fourm	ionths 🚨	Five months
from:	January 20, 2006	5	until:		ry 20, 2006	
		enclosed. (Che to charge any fees	ck No. 121 which may	y be required, o		
	nal extension of time is may be required to Dep			is a petition the	refor and charge	e any additiona
	credit card. Form PTO	-2038 is attached				
included on	Information on this form. Provide c	orm may become	public. C	redit card info authorization	rmation should on PTO-2038.	not be
warning: included on	Information on this form. Provide c	orm may become	public. C	authorization (rmation should on PTO-2038. uary 17, 2006	not be
John F. Hoffman, R Baker & Daniels 111 East Wayne Str Fort Wayne, 184 460 Telephone: 260-424	Signature segis. No. 26,280 seet, Suite 800 802	orm may become	public. C	Dated: Februs 1 certify that this the United State first class mai Sommissioner for the state of	uary 17, 2006 s correspondence is separal Service will in an envelope or Palents, P.O. Box CFR 1.8(a)) on	is being deposited h sufficient postag a addressed to
John F. Hoffman, R Baker & Daniels 111 East Wayne Str Fort Wayne, IN 460 Telephone: 260-460-	Signature segis. No. 26,280 seet, Suite 800 802	orm may become	public. C	Dated: Februs Dated: Februs Dated: Februs Dated: Februs Dated: Februs Dates Mail Commissioner for 22313-1450* [37] Pabrus Dates Signatus	uary 17, 2006 s correspondence is separate Service with in an envelope or Patents, P.O. Box CFR 1.8(a)) on 1, 2006	s being deposited h sufficient postage addressed to 1450, Alexandria,

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 WAT 019													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TO	TOTAL CLAIMS					RATE	FEE		RATE	FE	E		
FOR		NUMBER FILED MUI		NUMBE	ER EXTRA		BASIC FEE 355.00		OR	BASIC FEE	BASIC FEE · 710.0		
TOTAL CHARGEABLE CLAIMS 200		200 minu	rus 20= *				X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS		AIMS	minus 3 =			X40=				X80=			
MULTIPLE DEPENDENT CLAIM PRESENT				•			+135=		OR	.020		\Box	
* If the difference in column 1 is less than zero, enter "0" in column 2							Chr	OR	+270=		_		
•							TOTAL	355	OR	OTHER	TUA	\dashv	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	SMALL	ENTITY	OR	SMALL			
INT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
AMENDMENT	Total	· 20	Minus	ô	9	= 9		X\$ 9=	225.8	OR	X\$18=	Q	
	Independent	• 15	Minus	***	3	=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				j	+135=	1		+270⇒					
RCE filled 7/27/05					25.0	OR OR	TOTAL	Н	-				
'\							ADDIT. FEE	7-5-07	JON	ADDIT. FEE	<u> </u>		
AMENDMENT B	W.	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA	۱.	RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
MO	Total	· 30	Minus		29	= /	1	x\$ ² 9€	25.00	OR	X\$18=		1
ME	Independent	· 3	Minus	***	3	9		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J	+135=	/	OR		П			
	1 .	•						TOTAL	250	OR	TOTAL		
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AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	umn 2) HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
	Total	.31	Minus	••	<i>3</i> ð	- /]	255=	25.00	OR	X\$18=		
ME	Independent	• 4	Minus	***	3	- /		X805	100.0	OR	You	T	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L		1 - 10	1		H	+	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						+135=	10.500	OR	+270=	╀	\vdash		
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											-		